

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of MaricopaDistrict of Lower Miami

Town of \_\_\_\_\_

or

City of \_\_\_\_\_ No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 182

County Registrar No. \_\_\_\_\_

Local Registrar No. 595

St. \_\_\_\_\_ Ward \_\_\_\_\_

{ If child is not yet named, make supplemental report, as directed.

2. Full name of child Quentin Thomas Hulce3. Sex of Child  
Male  
To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? Yes7. Date of birth April 30. 26  
Month Day Year

5. No., in order of birth \_\_\_\_\_

8. FATHER  
Full name Thomas Pyear X Hulce14. MOTHER  
Full maiden name Mattie Lou Riggs9. Residence  
(Usual place of abode) Miami  
Angua  
If non-resident, give place and state.15. Residence  
(Usual place of abode) Miami  
Angua  
If non-resident, give place and state.10. Color or race White  
11. Age at last birthday 37 (Years)16. Color or race White  
17. Age at last birthday 23 (Years)12. Birthplace (city or place) Texas  
(State or country)18. Birthplace (city or place) Palo County  
Okla  
(State or country)13. Occupation Repair Man  
Nature of Industry Copper Mine19. Occupation Housewife  
Nature of Industry20. Number of children of this mother 2  
(Taken as of time of birth of child herein  
certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_21. Were precautions taken against oph-  
thalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 m. on the date above stated  
(Born alive or stillborn.)\* When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.Signature Leah E. Drin. M.D.Address Miami AnguaGiven name added from  
a supplemental report

Month, day, year

Filed May 2, 26 Local Registrar.

Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.

Registrar

885-430-492